

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

|              | AS FILED |     | AFTER 1ST<br>AMENDMENT |     | AFTER 2ND<br>AMENDMENT |     |
|--------------|----------|-----|------------------------|-----|------------------------|-----|
|              | IND      | DEP | IND                    | DEP | IND                    | DEP |
| 1            | /        |     |                        |     |                        |     |
| 2            |          | /   |                        |     |                        |     |
| 3            |          |     |                        |     |                        |     |
| 4            |          | /   |                        |     |                        |     |
| 5            |          |     |                        |     |                        |     |
| 6            |          |     |                        |     |                        |     |
| 7            |          | /   |                        |     |                        |     |
| 8            |          |     |                        |     |                        |     |
| 9            |          |     |                        |     |                        |     |
| 10           |          |     |                        |     |                        |     |
| 11           |          |     |                        |     |                        |     |
| 12           |          |     |                        |     |                        |     |
| 13           |          | /   |                        |     |                        |     |
| 14           |          |     |                        |     |                        |     |
| 15           |          |     |                        |     |                        |     |
| 16           |          |     |                        |     |                        |     |
| 17           |          |     |                        |     |                        |     |
| 18           |          |     |                        |     |                        |     |
| 19           |          |     |                        |     |                        |     |
| 20           |          |     |                        |     |                        |     |
| 21           |          |     |                        |     |                        |     |
| 22           |          |     |                        |     |                        |     |
| 23           |          |     |                        |     |                        |     |
| 24           |          |     |                        |     |                        |     |
| 25           |          |     |                        |     |                        |     |
| 26           |          |     |                        |     |                        |     |
| 27           |          |     |                        |     |                        |     |
| 28           |          |     |                        |     |                        |     |
| 29           |          |     |                        |     |                        |     |
| 30           |          |     |                        |     |                        |     |
| 31           |          |     |                        |     |                        |     |
| 32           |          |     |                        |     |                        |     |
| 33           |          |     |                        |     |                        |     |
| 34           |          |     |                        |     |                        |     |
| 35           |          |     |                        |     |                        |     |
| 36           |          |     |                        |     |                        |     |
| 37           |          |     |                        |     |                        |     |
| 38           |          |     |                        |     |                        |     |
| 39           |          |     |                        |     |                        |     |
| 40           |          |     |                        |     |                        |     |
| 41           |          |     |                        |     |                        |     |
| 42           |          |     |                        |     |                        |     |
| 43           |          |     |                        |     |                        |     |
| 44           |          |     |                        |     |                        |     |
| 45           |          |     |                        |     |                        |     |
| 46           |          |     |                        |     |                        |     |
| 47           |          |     |                        |     |                        |     |
| 48           |          |     |                        |     |                        |     |
| 49           |          |     |                        |     |                        |     |
| 50           |          |     |                        |     |                        |     |
| TOTAL IND.   | 2        |     |                        |     |                        |     |
| TOTAL DEP.   | 13       |     |                        |     |                        |     |
| TOTAL CLAIMS | 15       |     |                        |     |                        |     |

|              | IND | DEP | IND | DEP | IND | DEP |
|--------------|-----|-----|-----|-----|-----|-----|
| 51           |     |     |     |     |     |     |
| 52           |     |     |     |     |     |     |
| 53           |     |     |     |     |     |     |
| 54           |     |     |     |     |     |     |
| 55           |     |     |     |     |     |     |
| 56           |     |     |     |     |     |     |
| 57           |     |     |     |     |     |     |
| 58           |     |     |     |     |     |     |
| 59           |     |     |     |     |     |     |
| 60           |     |     |     |     |     |     |
| 61           |     |     |     |     |     |     |
| 62           |     |     |     |     |     |     |
| 63           |     |     |     |     |     |     |
| 64           |     |     |     |     |     |     |
| 65           |     |     |     |     |     |     |
| 66           |     |     |     |     |     |     |
| 67           |     |     |     |     |     |     |
| 68           |     |     |     |     |     |     |
| 69           |     |     |     |     |     |     |
| 70           |     |     |     |     |     |     |
| 71           |     |     |     |     |     |     |
| 72           |     |     |     |     |     |     |
| 73           |     |     |     |     |     |     |
| 74           |     |     |     |     |     |     |
| 75           |     |     |     |     |     |     |
| 76           |     |     |     |     |     |     |
| 77           |     |     |     |     |     |     |
| 78           |     |     |     |     |     |     |
| 79           |     |     |     |     |     |     |
| 80           |     |     |     |     |     |     |
| 81           |     |     |     |     |     |     |
| 82           |     |     |     |     |     |     |
| 83           |     |     |     |     |     |     |
| 84           |     |     |     |     |     |     |
| 85           |     |     |     |     |     |     |
| 86           |     |     |     |     |     |     |
| 87           |     |     |     |     |     |     |
| 88           |     |     |     |     |     |     |
| 89           |     |     |     |     |     |     |
| 90           |     |     |     |     |     |     |
| 91           |     |     |     |     |     |     |
| 92           |     |     |     |     |     |     |
| 93           |     |     |     |     |     |     |
| 94           |     |     |     |     |     |     |
| 95           |     |     |     |     |     |     |
| 96           |     |     |     |     |     |     |
| 97           |     |     |     |     |     |     |
| 98           |     |     |     |     |     |     |
| 99           |     |     |     |     |     |     |
| 100          |     |     |     |     |     |     |
| TOTAL IND.   |     |     |     |     |     |     |
| TOTAL DEP.   |     |     |     |     |     |     |
| TOTAL CLAIMS |     |     |     |     |     |     |